

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90288 015 \*\*\*150.00

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**DOCUMENT # P99000079172**

1. Entity Name  
**CHARLIE LITTLEJOHN & ASSOCIATES, INC.**



Principal Place of Business  
**11917 OAK TRAIL WAY  
PT RICHEY FL 34668**

Mailing Address  
**11917 OAK TRAIL WAY  
PT RICHEY FL 34668**

2. Principal Place of Business  
**717 Broadway**

3. Mailing Address  
**717 Broadway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Dunedin, FL**

City & State  
**Dunedin, FL**

Zip  
**34698**

Country  
**USA**

Zip  
**34698**

Country  
**USA**

4. FEI Number **59-3596461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTLEJOHN, CHARLIE H JR  
11917 OAK TRAIL WAY  
PT RICHEY FL 34668**

Name  
**Same**

Street Address (P.O. Box Number is Not Acceptable)

**717 Broadway**

**Dunedin, FL**

City

**FL** Zip Code  
**34698**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charlie H. Littlejohn Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LITTLEJOHN, CHARLIE H JR**  
STREET ADDRESS **11917 OAK TRAIL WAY**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlie H. Littlejohn Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/21/03** 727-738-8338  
Daytime Phone #

CR2E034 (10/02)